

## PART B - FEE(S) TRANSMITTAL

12/10/04

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DEC 09 2004

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35437 7590 09/23/2004

MINTZ LEVIN COHN FERRIS GLOVSKY & POPEO  
 666 THIRD AVENUE  
 NEW YORK, NY 10017  
 12/13/2004 MAHMED2 00000129 09302896

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Taricha Edis	(Depositor's name)
<i>Taricha Edis</i>	(Signature)
December 9, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09302,896	04/30/1999	MICHAEL B. CHANCELLOR	28682-2710-4007-US 501	7603

TITLE OF INVENTION: MUSCLE-DERIVED CELLS (MDCS) FOR TREATING MUSCLE- OR BONE- RELATED INJURY OR DYSFUNCTION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	12/23/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
KAUSHAL, SUMESH	1636	424-093100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,	Mintz, Levin, Cohn, Ferris, 1 Glovsky and Popeo, P.C.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	2_____
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	3_____	

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

## (A) NAME OF ASSIGNEE

## (B) RESIDENCE: (CITY and STATE OR COUNTRY)

University of Pittsburgh

Pittsburgh, PA

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

## 4a. The following fee(s) are enclosed:

## 4b. Payment of Fee(s):

- Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies 10

 A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0311 (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

 a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

*Leslie A. Serunian*

Date

12-09-2004

Typed or printed name

Leslie A. Serunian

Registration No. 35,353

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Michael B. Chancellor, *et al.* Confirmation No. 7603  
 U.S. Serial No. : 09/302,896 Customer No. : 35437  
 Filed : April 30, 1999  
 TC/A.U. : 1636  
 Examiner : Sumesh Kaushal, Ph.D.  
 For : **MUSCLE-DERIVED CELLS (MDCs) FOR TREATING  
MUSCLE-OR BONE-RELATED INJURY OR  
DYSFUNCTION**

**Mail Stop Issue Fee**

Commissioner for Patents  
 P.O. Box 1450  
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**EXPRESS MAIL TRANSMITTAL**

Date of Deposit: December 9, 2004

I hereby certify that the documents and fee listed below are being deposited with the United States Patent and Trademark Office as Express Mail bearing Express Mail Label No. EV 532352118 US under 37 C.F.R. §1.10 in an envelope with prepaid postage on the date indicated above and addressed to **Mail Stop Issue Fee**, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450:

1. Completed Form PTOL-85B [1 pg.];
2. Check No. 2334 in the amount of \$1,430.00 (\$1,400.00 for Issue Fee and \$30.00 for 10 advance patent copies); and
3. Express Mail Transmittal [1 pg.]; and
4. Return Receipt Postcard

If the enclosed papers are considered incomplete, the Mail Room is respectfully requested to contact the undersigned collect at (212) 935-3000, New York, New York. The Commissioner is authorized to credit any overpayment or charge any deficiencies to Deposit Account No. 50-0311, Reference No. 28682-501, Customer No. 35437.

Dated: December 9, 2004

  
 Leslie A. Serunian, Reg. No. 35,353  
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